

Commonwealth of Virginia
 Department of Professional and Occupational Regulation
 Post Office Box 11066
 Richmond, Virginia 23230-1066
 (804) 367-6166



**Polygraph Examiners Advisory Board
 LICENSE/INTERN REGISTRATION APPLICATION**

**A check or money order payable to the TREASURER OF VIRGINIA, or
 a completed credit card insert must be mailed with your application package.
 APPLICATION FEES ARE NOT REFUNDABLE.**

Select the **one** license/registration you are requesting.

Type of License	Fee	<input checked="" type="checkbox"/>	Bd/Occ
Intern Examiner Registration	\$ 75.00	<input type="checkbox"/>	1602
Polygraph Examiner License by Reciprocity	\$ 95.00	<input type="checkbox"/>	1601
Polygraph Examiner License by Exam	\$ 200.00	<input type="checkbox"/>	1601
Only federal employees and military personnel are permitted to apply pursuant to board regulation 18 VAC 120-30-90.			

To obtain a polygraph examiner license or intern examiner registration, your application package must include:

- A complete and legible application;
- A copy of your Virginia CCRE Report (dated no more than 30 days prior to the submission of this application);
- An official school transcript verifying your high school or college education (if applicable);
- An official school transcript or training certificate from a Department-approved polygraph school (if applicable);
- *For reciprocity applicants*, Certifications of Good Standing from each state in which you hold a current polygraph examiner license, certification, or registration; and
- *For intern applicants*, a completed Supervisor Endorsement Form.

- Name _____
 _____ First _____ Middle _____ Last _____ Generation (SR, JR, III)
- Social Security Number * - -
- Date of Birth _____
- Street Address (PO Box not accepted) _____
 City, State, Zip Code _____
- E-mail Address _____
- Telephone & Facsimile Numbers () _____ - () _____ - () _____
 Telephone Facsimile Beeper/Cellular
- Do you have an expired polygraph examiner license issued by the Virginia Polygraph Advisory Board?
 No ☐
 Yes ☐ VA License Number 1 6 0 1 Expiration Date _____
- Are you applying for a Virginia Intern Examiner Registration?
 No ☐
 Yes ☐ If yes, please include a completed Supervisor Endorsement Form with your application package.
- Have you ever been subject to a disciplinary action imposed by any (including Virginia) local, state or national regulatory body?
 No ☐
 Yes ☐ If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

OFFICE USE ONLY	DATE	FEE	CLASS OF FEE	LICENSE NUMBER	ISSUE DATE
				16	

10. A. Have you ever been convicted in any jurisdiction of **any felony**? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

No ☐ Yes ☐ If yes, please provide the information requested in #10.C.

- B. Have you ever been convicted in any jurisdiction of **any misdemeanor**? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

No ☐ Yes ☐ If yes, please provide the information requested in #10.C.

- C. If you answered "yes" to either question #10.A. or #10.B., list the felony and/or misdemeanor conviction(s). Attach your original criminal history record and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.) If necessary, you may attach a separate sheet of paper.

Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Midlothian, Virginia 23261-7472.

11. Do you have a current polygraph examiner license, certification, or registration issued by another state?

No ☐

Yes ☐ If yes, list all the licenses, certificates, and registrations in the following table *and* attach a Certification of Licensure/Letter of Good Standing, dated within the last 60 days from each state. Skip to question #16.

State/Jurisdiction	License Number	Expiration Date

12. Indicate the *highest* level of education you have completed. Select only **one**.

☐ High School or GED At least **5 years** of experience (as an investigator, a detective, or in a field that demonstrates your ability to practice polygraphy) is required.

☐ Associate Degree At least **3 years** of experience (as an investigator, a detective, or in a field that demonstrates your ability to practice polygraphy) is required.

☐ Bachelors Degree No additional experience is required. Skip to Question #14.


Name & Location of Educational Institution _____

Attach an official school transcript or degree verification. _____

13. Complete the following table to document the required experience. If necessary, attach a separate sheet of paper. **Please include a letter from each employer to verify all experience entries.**

Starting Date	Ending Date	Employer's Name And Address	Description of Duties	Supervisor's Name and Title

14. Name and location of the polygraph school where you completed the required training in detection of deception.

 **Please attach an official school transcript or training certificate to your application package.**

15. Have you received training from the federal government and/or United States military and administered polygraph examinations as a federal employee or member of the military?

No ☐

Yes ☐ If yes, you must include documentation of your training and administration of the polygraph examinations as a federal employee or member of the military.

By signing this application, you acknowledge that if you are not a Virginia resident, *or move outside of Virginia while you hold a Virginia Polygraph Examiner License*, you understand that this application serves as a written power of attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your true and lawful agent and attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be served and who is hereby authorized to enter an appearance in your behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this application you hereby agree that any lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.

16. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I will notify the Department if I am subject to any disciplinary action or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving the requested license. I certify that I read, understand, and have complied with all the laws of Virginia related to polygraph examiner licensure under the provisions of Title 54.1, Chapter 18 of the *Code of Virginia* and the *Virginia Polygraph Examiners Regulations*.

Signature _____

Date _____

Notarization

In the State of _____, City/County of _____, subscribed and sworn before me,

the undersigned Notary Public in and for the City/County aforesaid this _____, day of _____, _____.

My commission expires the _____, day of _____, _____.

Affix official seal here.

Signature of Notary Public

* State law requires every applicant for a license, certificate, registration, or other authorization to engage in a business, trade, profession, or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.